



Incident Report

Print Date/Time: 01/14/2016 08:33
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00000687

Incident Date/Time: 1/11/2016 6:10:00 PM
Location: 20TH ST SE / 99TH AVE SE
LAKE STEVENS WA 98258
Phone Number: (425) 232-6110
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19N2	SS0127-Adams
19N3	SS0130-Rutherford

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	WHEELER, KEITH		(425) 232-6110			

Vehicle(s)

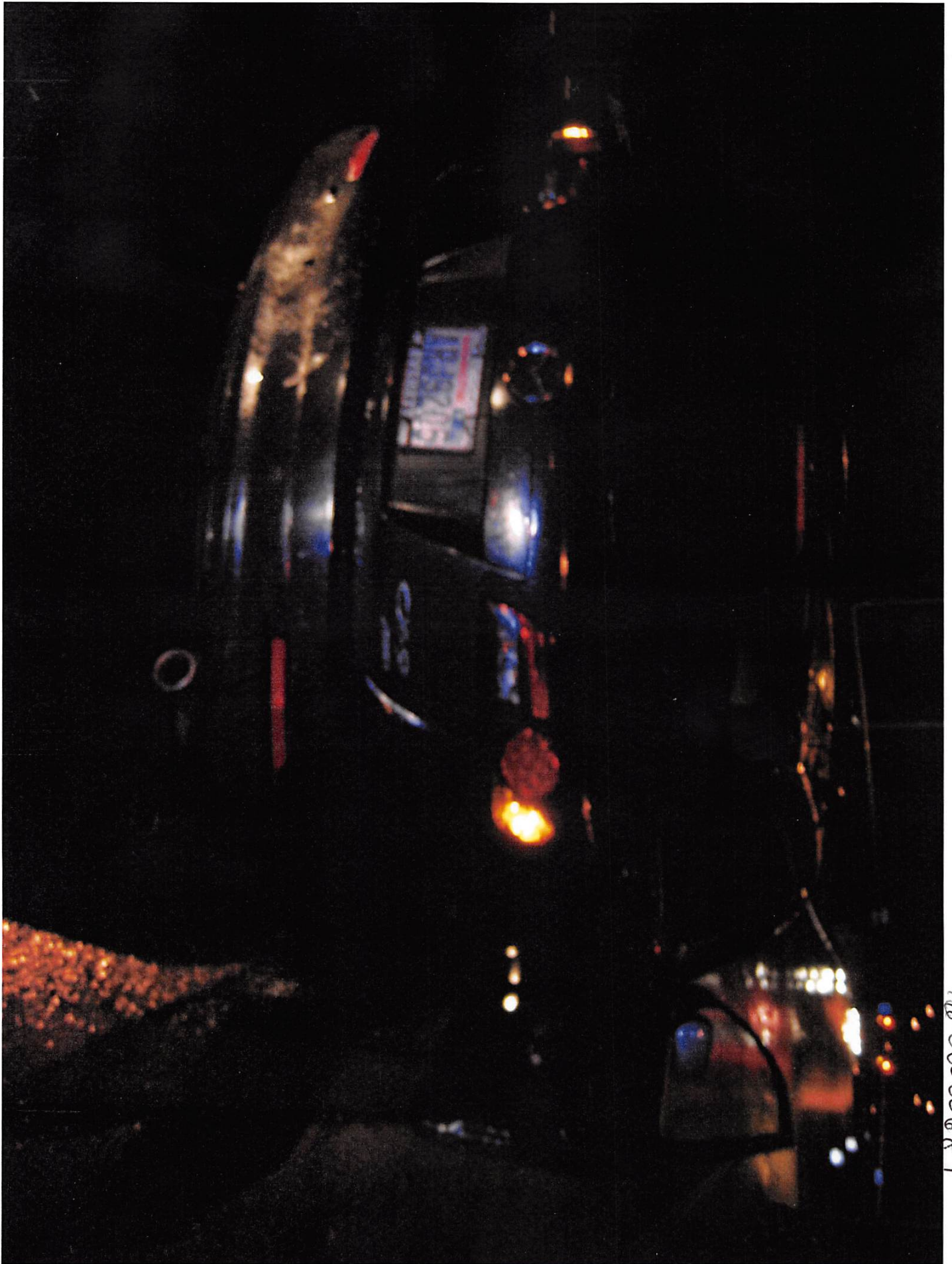
Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

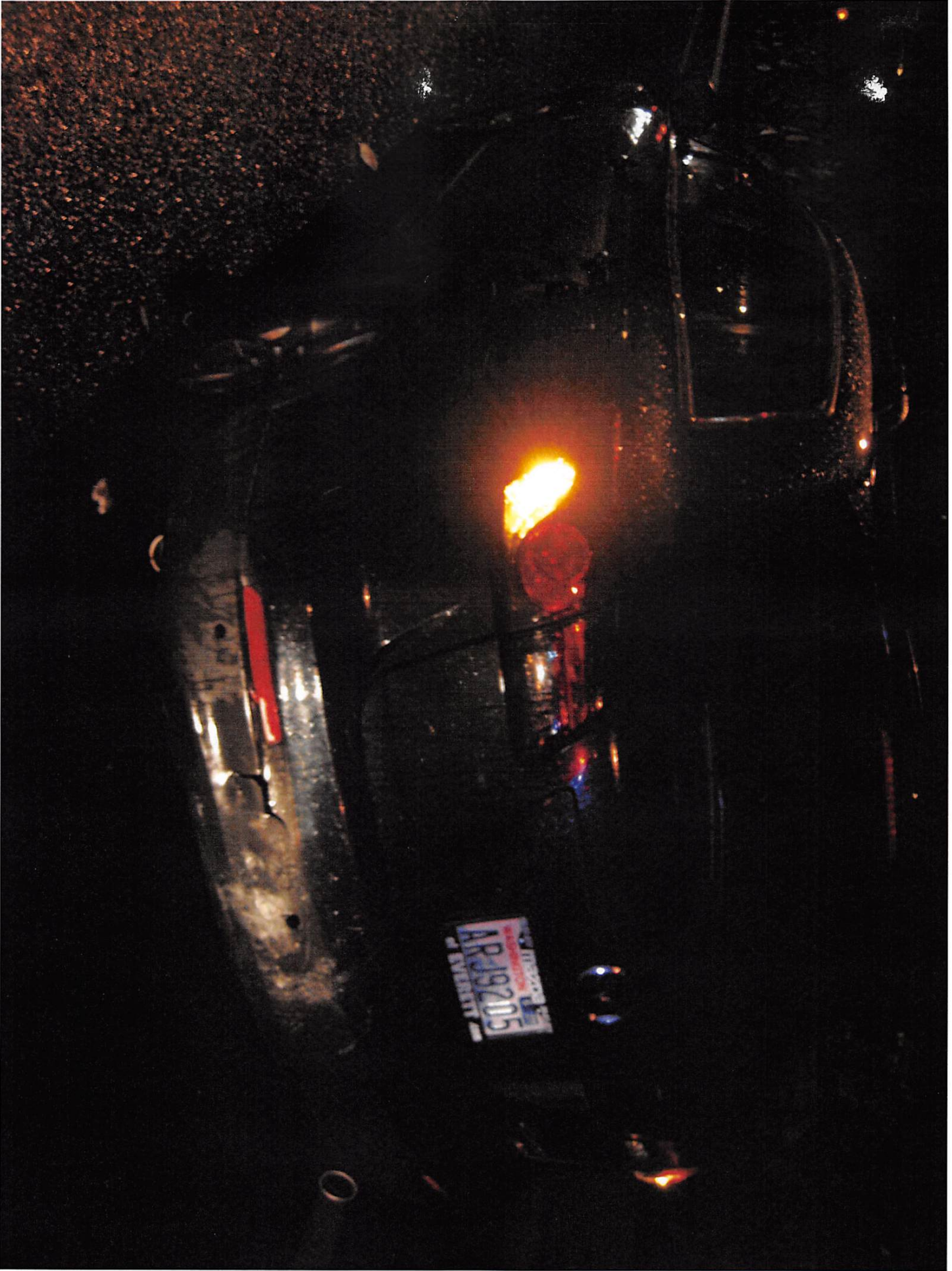
Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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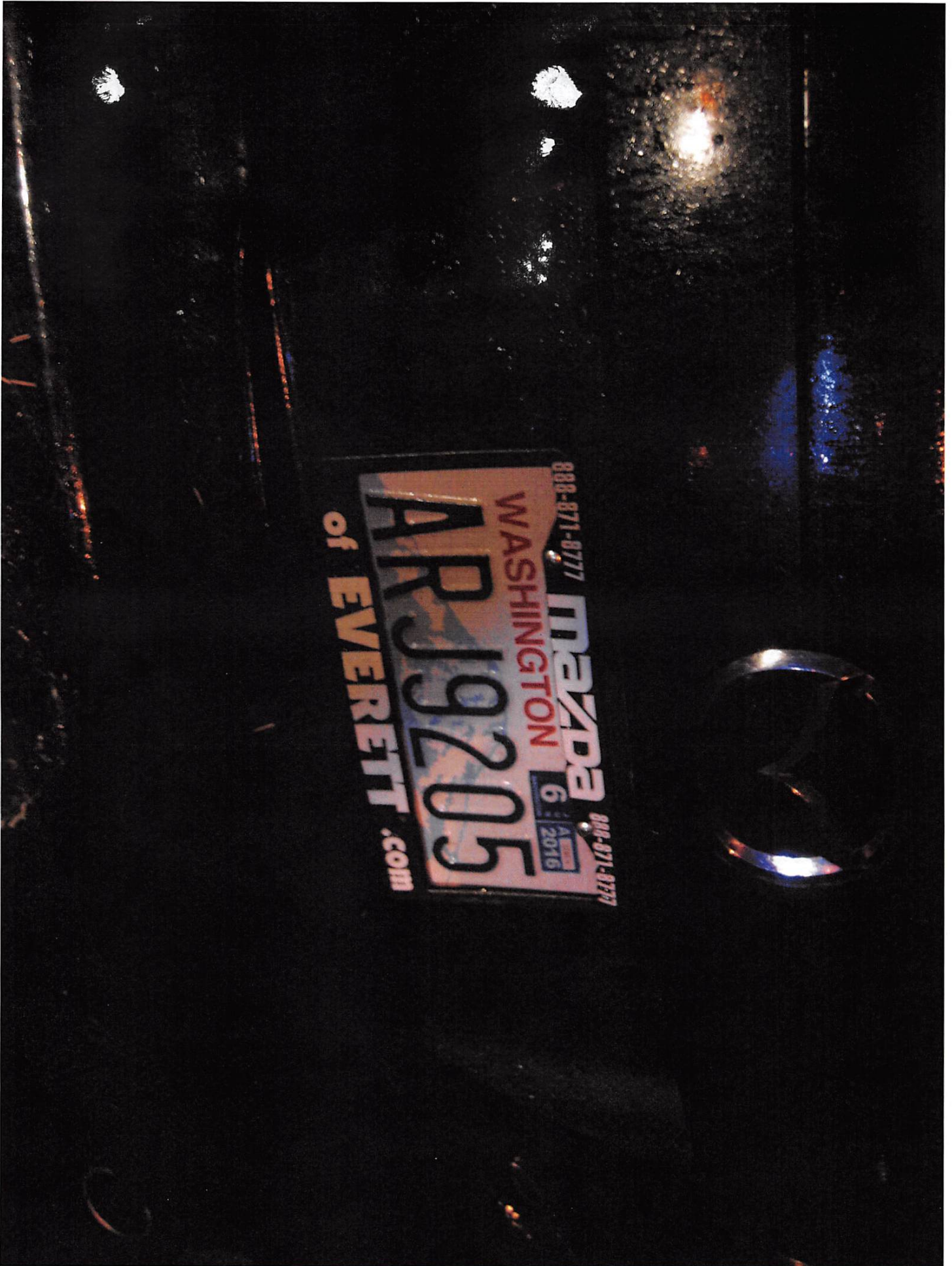


16-0660687





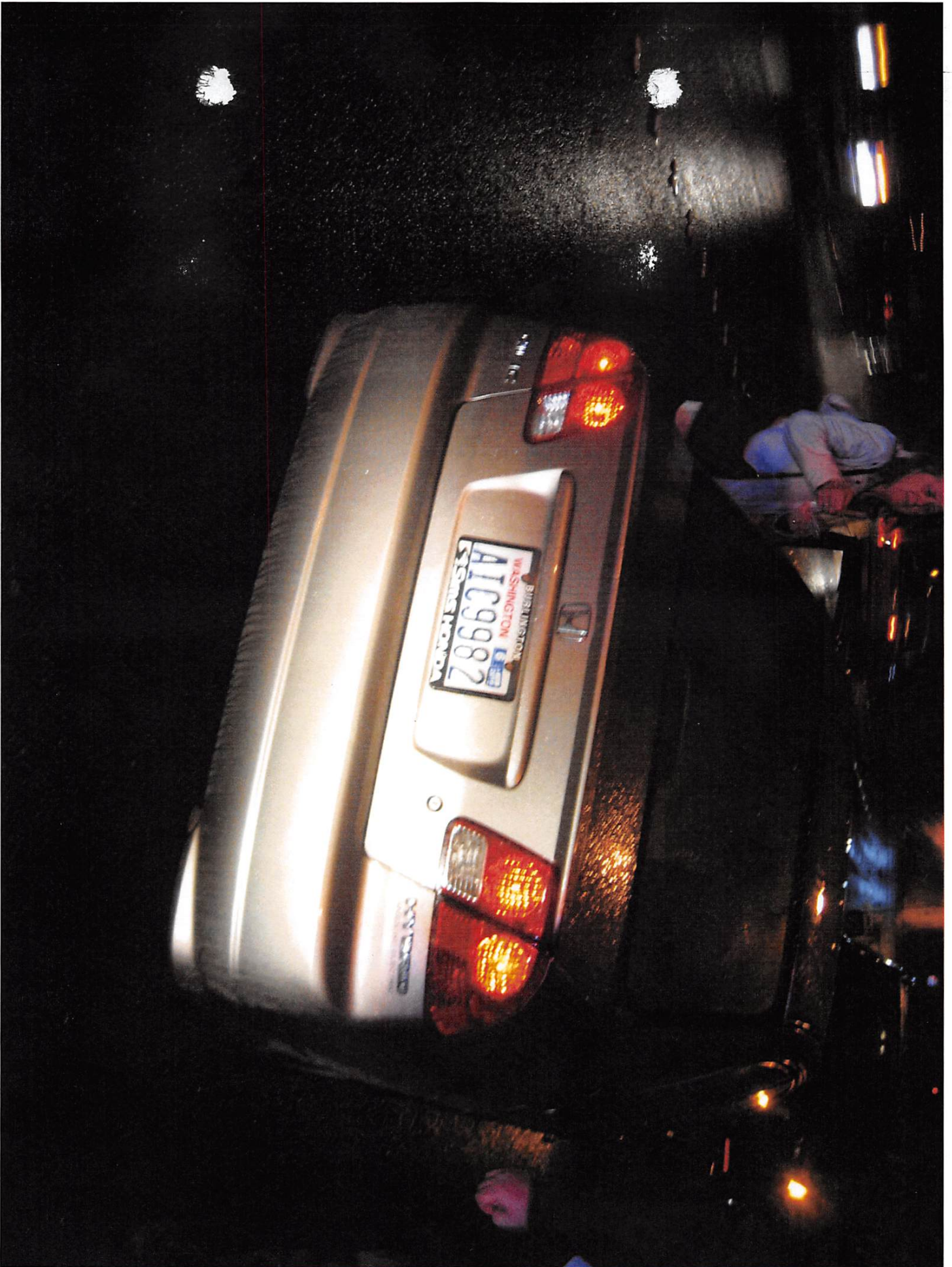












Collision Report



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E504862**

CASE #	16-00000687		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	02	OBJECT STRUCK	

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION	
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DATE OF COLLISION	01	-	11	-	2016	TIME (2400)	1805	COUNTY #	31	MILES	0	N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	OF	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input type="checkbox"/>	NON-INTERSECTION	<input checked="" type="checkbox"/>
20TH STREET SE				BLOCK NO. <input checked="" type="checkbox"/> 9800
				MILE POST <input type="checkbox"/>

DISTANCE	150	MILES	00	FEET	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	E	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	STATE ROUTE 9
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UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	PHONE	
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LAST NAME	ANDERSON	FIRST NAME	PATRICIA	MIDDLE INITIAL	G
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STREET NEW ADDRESS	2910 139TH AVENUE SE
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CITY	SNOHOMISH	ST	WA	ZIP	98290
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	ANDERPG399NM	STATE	WA	SEX	F	D.O.B. MMDDYYYY	08	-	14	-	1961
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	6	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AIC9982	STATE	WA	VIN#	JHMES956955018878
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	HOND	MODEL	ACCOR	STYLE	T	VEHICLE TOWED	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	TOWED BY		GOVT. VEHICLE	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
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REGISTERED OWNER INFO.	OWNED BY DRIVER
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LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 064368932	VEHICLE LEGALLY STANDING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	PHONE	
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LAST NAME	WHEELER	FIRST NAME	KETIH	MIDDLE INITIAL	A
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STREET NEW ADDRESS	8428 13TH PLACE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	WHEELKA184MA	STATE	WA	SEX	M	D.O.B. MMDDYYYY	07	-	01	-	1982
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	ARJ9205	STATE	WA	VIN#	JM3TB3CV3E0431589
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2014	MAKE	MAZD	MODEL	CX9	STYLE	UT	VEHICLE TOWED	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	TOWED BY		GOVT. VEHICLE	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
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REGISTERED OWNER INFO.	OWNED BY DRIVER
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LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 976411384	VEHICLE LEGALLY STANDING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E504862**CASE # **16-00000687**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		WHEELER ANGELA M																			
ADDRESS & PHONE # 8428 13TH PLACE SE LAKE STEVENS WA 98258														SEX	F	D.O.B. MMDDYYYY	03	-	25	-	1983
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)		WHEELER COLE A																			
ADDRESS & PHONE # 8428 13TH PLACE SE LAKE STEVENS WA 98258														SEX	M	D.O.B. MMDDYYYY	05	-	26	-	2014
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	2	RESTR.	6	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)		WHEELER BRYCE A																			
ADDRESS & PHONE # 8428 13TH PLACE SE LAKE STEVENS WA 98258														SEX	M	D.O.B. MMDDYYYY	11	-	18	-	2011
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	5	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES			

NARRATIVE

I was dispatched to a two vehicle non-injury but blocking collision at 20th Street SE and 99th Avenue SE. Upon arrival, I found the described vehicles westbound in about the 9800blk of 20th Street SE. Vehicle 1 driver said that she was following vehicle 2 when vehicle 2 started to slow. Driver of vehicle 1 said that she attempted to brake but she could not stop in time and collided with the rear of vehicle 2. Vehicle 2 had three small children in the vehicle and aid was requested to evaluate them even though they did not display or complain of injury. Vehicle 1 airbags both deployed. Driver of vehicle 1 did not complain of injury. The weather at the time of the collision was raining, with wet roadway, during the hours of darkness with street lamps on.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-11-16 08:47 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

1/12/2016 10:21:59 PM

BADGE OR ID #

130

ORI #

WA0311900

TIME POLICE DISPATCHED

6:10 PM

TIME POLICE ARRIVED

6:15 PM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E504862**CASE # **16-00000687**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		WHEELER JACE A																		
ADDRESS & PHONE # 8428 13TH PLACE SE LAKE STEVENS WA 98258														SEX M	D.O.B. MMDDYYYY 07	-	08	-	2008	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

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01-11-16 08:47 PM

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1/12/2016 10:21:59 PM

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130

ORI #

WA0311900

TIME POLICE DISPATCHED

6:10 PM

TIME POLICE ARRIVED

6:15 PM

REPORT NO. E504862

CASE # 16-00000687

DATE AND TIME
OF COLLISION 01/11/16 18:05

